FILED CHARLOTTE, NC

United States District Court

JUN 03 2024

US DISTRICT COURT WESTERN DISTRICT OF NC

or the

Wester N District of North Carolina

4th Division

(Write the full name of each plaintiff who is filing this complaint.

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Mecklesburg Cassty Shesitts

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

3:24-CV-525-MOC

(to be filled in by the Clerk's Office)

Jury Trial: (check one) Yes N

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

В.

| Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed. Name Address Charlette De 28213 City State 22p Code County Telephone Number E-Mail Address The Defendant(s) Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed. Defendant No. 1 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known) Individual capacity Defendant No. 2 Name Job or Title (if known) Address City State City State City State Zip Code County Telephone Number Job or Title (if known) Address City State City State Zip Code County Telephone Number Job or Title (if known) Address City State Zip Code County Telephone Number Job or Title (if known) Address City State Zip Code County Telephone Number Job or Title (if known) Address Lucy Clark Stafford or Stratford Address City State Zip Code County Telephone Number Job or Title (if known) Address City State Zip Code | | | | | | |
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| Address County Telephone Number E-Mail Address County The Defendant(s) The Defendant(s) The Defendant(s) Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed. Defendant No. 1 Name Job or Title (If known) Address Charlotte County Telephone Number E-Mail Address (If known) Address Charlotte City State City Code County Telephone Number E-Mail Address (If known) Address City State City Code County Telephone Number E-Mail Address (If known) Address City State City State City Code County Telephone Number E-Mail Address (If known) Address City State City State City City State City Code County Telephone Number E-Mail Address (If known) Address City | Name | TOSU CLANTSP | | | | |
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| Individual capacity Defendant No. 2 Name Job or Title (if known) Address City State County Telephone Number E-Mail Address (if known) Individual capacity Official capacity | E-Mail Address (if known) | www. Mecksheriff.com | | | | |
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| Individual capacity Official capacity | | | | | | |

Page 3 of 6

officials?

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| D. | Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. Sold Ferried Chical Stational Color of Color of Color of Color of Color of State or U.S. Oron of Color of Colo |
|------------------------------|--|
| Staten | nent of Claim |
| alleged further any ca | as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include a details such as the names of other persons involved in the events giving rise to your claims. Do not cite uses or statutes. If more than one claim is asserted, number each claim and write a short and plain then tof each claim in a separate paragraph. Attach additional pages if needed. |
| A. | Where did the events giving rise to your claim(s) occur? Mecklenburg County Itil, |
| | 708 E4th St, charlotte NC 28202 |
| В. | What date and approximate time did the events giving rise to your claim(s) occur? 4/9/24 to 4/28/24 psperx. NA all dates are on Kirsk 4/26/24 to 4/28/24 |
| C. | What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) The Chair of Command was broken by offices Stafford or Stratford as well as Syt, Ferwell, Nucle brown |
| | Never got my meds. The provider Subscribed. Never got my meds. The provider Subscribed. Officer Stratford Stufford said rule remarks. All innutes in 6500 (unit) at the dates I was present. Washeld acquest my own free will. Judge present. Washeld acquest my own free will. Judge |
| | Present. Washeld actions the Didn't Feare until Souday |

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Wasn't giving my compression socks or shoes making for support of my right leg. Right legt me limp because of the temperature 6500. Unit. Wasn't giving my prescription. Was held in Jail After Judga released me.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Corpersations 3,5 millions us Dollars Cood and uncoly publishment Medical Neglect I'm waiting on compensation from North CAROlissa State, Vicitim of a violate crime.

Witpess: Inmates that where in 6500 ducing dates Stated, Office (MAPP, Office)
Mohummad Officer Cassie Capain Van Allens,
Corporal that was in 6500 after my first garance
on Stafford or Stratford

P

VI. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Date of signing: 6/6 | 124 | | | |
|--|-------|----------|-------|----------|
| Signature of Plaintiff Printed Name of Plaintiff | PTODY | Clark VI | ۷, | |
| For Attorneys | | | | |
| Date of signing: | | | | |
| Signature of Attorney | | | | |
| Printed Name of Attorney | | | | |
| Bar Number | | | | |
| Name of Law Firm | | | | |
| Address | | | | |
| - | City | | State | Zip Code |
| Telephone Number | | | | |
| E-mail Address | | | | |
| | | | | |